



**WASHINGTON STATE
HEALTH CARE AUTHORITY**
P.O. Box 42700 • Olympia, Washington 98504-2700

April 17, 2015

15-014 – RFI – Behavioral Health Administrative Service Organization

1. Introduction

1.1 Summary

The Washington State Health Care Authority (HCA) is releasing a Request for Information (RFI) seeking comment on its plan to procure a Behavioral Health Administrative Service Organization (BH-ASO) to manage a regional crisis system in Southwest Washington, for the provision of insurance-blind crisis services to individuals residing in the Southwest Washington Regional Service Area (RSA) by April, 2016, as well as to provide substance use disorder residential services (adult and youth) and limited outpatient services for individuals who are not eligible for Medicaid.

HCA seeks to obtain details on organizations' capacity and interest to, by April, 2016:

- 1) Manage a regional mental health crisis system for the delivery of Medicaid and non-Medicaid crisis services for the Southwest Washington population;
- 2) Manage a system for the delivery of certain non-Medicaid behavioral health services to individuals who are not eligible for Medicaid;
- 3) Demonstrate an ability to apply a recovery and resiliency-oriented philosophy and clinical design aimed at producing tangible, improved outcomes;
- 4) Operate as part of continuum of integrated services, with deep connections to community resources and in seamless partnership with SWWA managed care plans.

Please review the questions and background below and provide your response by May 8, 2015. Any additional information which may be of assistance is welcome.

1.2 Overview and Purpose of this Request for Information

In Washington, the State Health Care Innovation Plan (Healthier Washington) E2SHB 2572 and E2SSB 6312 provided the policy direction for a transition towards regionalized Medicaid purchasing through fully-integrated managed care systems that provide physical health and behavioral health (i.e. mental health and substance use disorder services) for Medicaid enrollees. Counties in the Southwest Washington RSA (Clark, Klickitat & Skamania) have declared their intent to adopt a purchasing model in which care for Medicaid beneficiaries is delivered through contracts between HCA and Managed Care Organizations (MCOs), at risk for the full continuum of physical and behavioral health services, and where financing is leveraged to support the integrated delivery of whole-person care.

Adoption of a regional approach for Medicaid purchasing with a transition to fully integrated managed care systems beginning in 2016 will set the foundation for major transformation of Washington's health care delivery system in 2020. HCA anticipates significant opportunities for the BH-ASO to bid for contracts in additional regions as the State moves towards fully integrated managed care between 2016 and 2020.

Beginning in April 2016, the current Regional Support Network (RSN) system managing specialty mental health services in Southwest Washington will cease operation. Specialty mental health services and state/county-managed fee-for-service substance use disorder services will transition into the fully-integrated managed care system.

Currently, the crisis system in Southwest Washington is managed by the Southwest Behavioral Health RSN (Clark and Skamania counties) and the Greater Columbia RSN (Klickitat County). However, in summer 2015 HCA intends to release a Request for Proposals (RFP) to procure a regional organization to provide insurance blind crisis services, and non-Medicaid behavioral health service to non-Medicaid individuals, on a regional basis in the new SWWA RSA (Clark, Skamania & Klickitat counties). There may be additional responsibilities/funding sources for the BH-ASO to manage on a regional basis, noted below.

Southwest Washington's population is 456,747 and HCA, as a purchaser, currently provides health insurance to 116,000 people through the Washington Apple Health Medicaid Program in Southwest Washington.

The purpose of the RFI is to measure interest in responding to the BH-ASO RFP, and to assess potential capacity to administer crisis services and non-Medicaid services on a regional basis in April, 2016.

1.3 Summary of HCA's Intended Model

The Problem	The Approach	A Model for Change
<p>With the transition of mental health and substance use disorder services into fully-integrated managed care, and the absence of a Regional Support Network system to manage an insurance blind crisis system on a regional basis, HCA must procure a separate organization to provide these services, and services to non-Medicaid individuals, in the SWWA region.</p> <p>While managed care organizations will serve the Medicaid population, one organization must be available to serve the entire SWWA population, using a blend of Medicaid and non-Medicaid funds to provide crisis services and certain non-Medicaid behavioral health services.</p> <p>By State law, any individual in the SWWA region, regardless of their insurance status or level of income has access to crisis services.</p>	<p>With the transition to a fully-integrated physical and behavioral health system, Southwest Washington has a unique opportunity to provide better coordinated, whole-person care. The crisis system plays a key role as the entry-point to care for many of the most at-risk individuals in the population.</p> <p>HCA's approach is to establish a single regional organization, to subcontract with an established regional behavioral health crisis provider system for the delivery of Medicaid and non-Medicaid crisis services to Medicaid and non-Medicaid individuals.</p> <p>Additionally, this organization will receive State General Fund resources and federal Substance Abuse Prevention and Treatment (SAPT) block grant funds to provide non-Medicaid behavioral health services to a limited population of non-Medicaid individuals.</p> <p>MCOs in the region will be required to subcontract with the BH-ASO for provision of crisis services to their enrollees.</p>	<p>HCA is seeking an organization that can:</p> <ul style="list-style-type: none"> • Coordinate closely and intersect with the community court system, first responders, criminal justice system, inpatient/residential service providers, outpatient behavioral health providers, and Medicaid managed care plans. • Demonstrate a resiliency and recovery oriented philosophy, clinical design and crisis resolution model that is focused on stabilization, triage and diversion rather than detention evaluation-only. • Work in close partnership with health plans to operate a seamless crisis and acute care system that is deeply connected to the full-continuum of health services.

1.4 Mental Health Crisis Services

HCA's model, Exhibit A, intends to establish a contract with the BH-ASO funded with State funds, for the provision of non-Medicaid crisis services to Medicaid and non-Medicaid individuals.

Additionally HCA's model requires all MCOs operating in Southwest Washington to subcontract with the BH-ASO to support the maintenance of a "crisis response system" that will serve anyone in the region. A crisis response system is a system available 24/7 to provide initial crisis response services, such as a regional crisis hotline and the provision of crisis stabilization/assessment services by mental health professionals (MHPs), mobile crisis outreach teams, or designated mental health professionals (DMHPs). Additionally, this BH-ASO will be responsible for the administration of the Involuntary Treatment Act 71.05 for all individuals in the region, regardless of their Medicaid enrollment status.

All crisis services, including initial response services (crisis hotline, mobile outreach teams, 24/7 DMHP availability) and secondary crisis services (E&T services, crisis stabilization programs, etc.) will be available to all individuals in the region, however secondary crisis services will be managed for Medicaid enrollees directly by their managed care organization. Using Medicaid and non-Medicaid funds, the BH-ASO is expected to maintain the crisis response system for the region, to conduct utilization management of secondary crisis services for non-Medicaid individuals, and to administer the Involuntary Treatment Act 71.05.

HCA intends to include funds for administration in the BH-ASO contract; however administrative expenses would likely be set at a 10% cap, as is the current standard in the RSN system.

The following mental health crisis services will be funded through a contract with HCA, using state general funds:

- Regional Crisis Hotline¹
 - Staffed 24/7/365
 - Provides initial triage/documents calls and outcomes
- Mobile Crisis Outreach Team²
 - Team staffed by MHPs and/or DMHPs (CDPs on call 24/7) and Certified Peer Counselors, who respond to crises, assess for mental health/drug related issues, provide initial stabilization, and refer to appropriate services (DMHP or other).
- Administer the Involuntary Treatment Act (ITA) 71.05 for all individuals in SWWA³
 - Testimony for ITA services.
 - Reimburse county for court costs associated with ITA.
 - DMHPs available 24/7 to conduct evaluation of need for emergency detention or to determine if person will receive appropriate care from triage facility or stabilization unit.
 - DMHPS file petitions for detentions.

¹ Fully-integrated MCOs operating in SWWA will be required to subcontract with the BH-ASO and allocate funds to support the use of the regional hotline by Medicaid individuals.

² Fully-integrated MCOs operating in SWWA will be required to subcontract with the BH-ASO and allocate funds to support Medicaid funded crisis services (i.e. mobile crisis outreach team, etc.)

³ BH-ASO will receive state-funds to administer the Involuntary Treatment Act for both Medicaid and non-Medicaid individuals.

- Crisis Stabilization Services for Non-Medicaid Individuals⁴
 - Available 24/7; often referred to as hospital diversion.
 - Typically managed by specific programs, apart from initial/emergent crisis services.
 - Services provided for up to 14 days to individuals experience a mental health crisis, in the persons home or a home-like setting including:
 - Face-to-face assistance with life skills & medication management; follow up to crisis.
- Evaluation and Treatment Services for Non-Medicaid individuals⁵
 - Services provided in freestanding inpatient residential facilities or hospitals certified to provide medically necessary evaluation and treatment services, including:
 - Evaluation, stabilization and treatment under direction of psychiatrist, nurse or other MHPs; discharge planning; nursing care; and clinical treatment including: individual and family therapy, milieu therapy, psycho-educational groups, pharmacology.
- E&T room and board costs for non-Medicaid individuals.⁶

1.5 Services for Non-Medicaid Individuals

Additionally, the BH-ASO contract with HCA will include state funds and SAPT block grant funds for the provision of substance use disorder outpatient and residential services for low income, priority non-Medicaid individuals. If state funds for mental health services remain available (after prioritization in the crisis system), the BH-ASO will have the discretion to provide outpatient/inpatient mental health services to non-Medicaid individuals as well. Due to federal restrictions, no administrative funds will be available through the SAPT block grant.

1.6 Additional potential responsibilities

HCA is interested in receiving feedback through this RFI on additional potential responsibilities for the BH-ASO. Opportunities include:

- Manage the Chemical Dependency Involuntary Treatment Act in accordance with RCW 70.96A.120-140, including providing services to identify and evaluate alcohol and drug involved individuals requiring protective custody, detention, or involuntary commitment services as well as manage the case finding, investigation activities, assessment activities, and legal proceeding associated with these cases;
- Provide substance use disorder crisis services on a very short term basis to intoxicated or incapacitated individuals on the streets or in other public places. This may include general assessment of the patient's condition, an interview for diagnostic or therapeutic purposes, and transportation home or to an approved treatment facility. Services may be provided by telephone or in person, in a facility or in the field, and may or may not lead to ongoing treatment;

⁴ Fully-integrated MCOs operating in SWWA will contract directly for the provision of crisis stabilizations services for Medicaid enrollees.

⁵ Fully-integrated MCOs operating in SWWA will contract directly for the provision of evaluation & treatment services for Medicaid enrollees, including initial E&T services provided during a 72 hour detention.

⁶ Fully-integrated MCOs operating in SWWA will finance the room and board costs when their members utilize E&T services through the MCOs non-Medicaid Contract with HCA.

- Manage the distribution and data collection for the Federal Mental Health Block Grant funds on behalf of the Southwest Washington region;
- Operate a regional Behavioral Health Ombuds;
- Monitoring of Less Restrictive Court Orders for mental health treatment.

1.7 HCA's Estimated Procurement Timeline

HCA intends to release a Request for Proposals to procure a BH-ASO in summer 2015. HCA does not currently have any limitation on the types of entities that may bid (i.e. public/private/for-profit/non-profit).

2. RFP Instructions and Questions

2.1 RFI Directions

Please send your RFI response to contracts@hca.wa.gov and Attention Kristy Brodersen – RFI 15-014 in the subject line of the email.

Your response should include a cover letter outlining your entity structure, and the response to the questions per Exhibit B.

2.3 RFI Questions

Please see Exhibit B.